

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017419

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4313

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Ave	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS 4110 Blaine Ave	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Thomas Earl Bressmer			4. DATE OF DEATH Month Day Year April 16, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/11/1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee	10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.Co.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George Bressmer	13b. MOTHER'S MAIDEN NAME Hanna Belle Erbs	14. NAME OF HUSBAND OR WIFE Margaret Bressmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Margaret Bressmer 4110 Blaine Ave
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA RIGHT UPPER LOBS 1 month	INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) BRONCHOGENIC CARCINOMA 162.1
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DUE TO (c)	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 4/12/62 to 4/16/63 and last saw him alive on 4/16/63 Death occurred at 7P: m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE George A. Dawson MD (Degree or title)	22b. ADDRESS 6500 CHIPPewa	22c. DATE SIGNED 4/18/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/19/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	23d. LOCATION (City, town, or county) St. Louis Co. Missouri
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24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd	25. DATE RECD. BY LOCAL REG. APR 18 1963	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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Dr. George A. Daman

6500 Chippewa

Ve. 2-8333

No Hours on Wed

1 pm

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Allen Davis Jr.  
Licensed Embalmer No. 6537

P. O. Address Cape Fear 16-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.